UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA www.flsb.uscourts.go				
PI	ROOF OF CLAIM			
Name of Debtor	Case Number	THIS SPACE IS FOR COURT USE ONLY		
Debit Corporation of America	04-14360	552 61.21		
NOTE: This form should not be used to make a claim for an adm	ninistrative expense origing offer the			
1 commencement of the case. A "request" for navment of	an administrative avecage may be	27 05		
filed pursuant to 11 U.S.C. § 503. (See Local Rule 3001	-1(B))			
Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ Check box if you are aware that	MAT AND SOUTH OF FLA		
	anyone else has filed a proof of claim	OF FLA.		
Jean J. Brouillard	relating to your claim. Attach copy of statement giving particulars.			
Name and Address where notices should be sent:	Check box if you have never received			
Frank B. Perry, Esq.	any notices from the bankruptcy court in			
346 old County Road	this case.			
D' 11 CA 3023C	☐ Check box if the address differs from			
Minagola, on 30/34	the address on the envelope sent to you			
Frank B. Perry, Esq. 346 old County Road Ringgold, GA 30736  Telephone Number: 706-965-8639  Account or other number by which creditor identifies	by the court.			
Account or other number by which creditor identifies	Check here if replaces			
debtor: (If SS# only list last 4 digits of SS#):	<u> </u>	eviously filed claim, dated		
		<del></del>		
1. Basis for Claim  Goods sold	Retiree benefits as defined in 11 U.S.(	C. § 1114(a)		
☐ Services performed	Wages, salaries, and compensation (fill out below)			
☐ Money loaned	Last four digits of SS #: xxx-xx-			
Personal injury/wrongful death	Unpaid compensation for services performed from to			
☐ Taxes    _	fromto(date)			
Alother Consumer Fraud				
2. Date debt was incurred:	3. If court judgment, date obtained:			
12-22-04				
4. Total Amount of Claim at Time Case Filed: \$ 18 5000	+ +	= 0.00		
(Unsecured Nonpriority) (Secured) (Unsecured Priority) (Text)				
Complete items 5, 6, and 7 (as applicable) to further describe the	e amount(s) you indicated in item 4.			
☐ Check this box if claim includes interest or other charges in additional charges.	tion to the principal amount of the claim.	Attach itemized statement of all interest or		
5. Secured Claim.	7. Unsecured Priority Claim.			
☐ Check this box if your claim is secured by collateral	☐ Check this box if you have an unsecured priority claim			
(including a right of setoff).	Amount entitled to priority \$			
Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle	Specify the priority of the claim:			
Other	☐ Wages, salaries, or commissions (up to \$	64,925),* earned within 90 days before filing		
	of the bankruptcy petition or cessation of	the debtor's business, whichever is earlier		
Value of Collateral: \$	11 U.S.C. § 507(a)(3).			
Amount of arrearage and other charges at the time the case was	☐ Contributions to an employee benefit p	lan - 11 U.S.C. § 507(a)(4).		
filed included in secured claim, if any: \$	Up to \$2,225* of deposits toward purchase, lease, or rental of property or services			
	for personal, family, or household use - 11 U.S.C. § 507(a)(6).  Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11			
13 404 50	U.S.C. § 507(a)(7).	ed to a spouse, former spouse, or child - 11		
6. Unsecured Nonpriority Claim \$ 18,000		al units - 11 II S C & 507(a)(9)		
☐ Check this box if: a) there is no collateral or lien securing	☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().			
your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to		· · · —		
priority.	*Amounts are subject to adjustment on 4/1/	07 and every 3 years thereafter with respect		
<u> </u>	to cases commenced on or after date of ad			
<ol><li>Credits: The amount of all payments on this claim has been or making this proof of claim.</li></ol>	edited and deducted for the purpose of	This Space is for Court Use Only		
9. Supporting Documents: Attach legible conjes of supporting documents	nents, such as promissory notes, purchase			
orders, invoices, itemized statements of running accounts, contract agreements, and evidence of perfection of lien. DO NOT SEND ORIC	e court indoments mortages acquit.			
are not available, explain. If the documents are voluminous, affach a	summary. Supporting documents should	$\sim$		
not exceed 5 pages. (See reverse for instructions)				
<ol> <li>Date-Stamped Copy: To receive an acknowledgment of the filir addressed envelope and copy of this proof of claim. Research and/or</li> </ol>	g of your claim, enclose a stamped, self-	$\sim$ 1		
requests of claims,				
Date: Sign and print the name and title, if any, of the credite	or or other person authorized to file this	1		
claim (attach copy of power of attorney, if any):				
Penalty for presenting fraudulent claim: Fine of up to \$500,000 of in	grand other	<b>Y</b>		
. coming for presenting freduction country. The or up to \$500,000 or it	invisorment for up to 5 years, or both. 18	<b>v</b> .S.C. §§ 152 and 3571.		

REF NO. 040109005113

SENGUNKU FEVERNE BRUK TROY , MI 48084

18881 218-9067

DEBIT WIRE TRANSFER

H: STD FED TROY /ORG=LEAN J.BROUILLARD

: SUNTRUST ATL /CTR/BNF=DEBIT CORP OF AMERICA/AC=1000014850894 OBI=FCT

[: JEAN J.BROUILLARD ACCT NO.4207

JEAN J BROUILLARD TAMERA L BROUILLARD 2830 WALL ST MEEGO HARBOR MI 48320-1136

Account Number

Amount

661,8214,065 3,000.00

## MACHINE REORDER FORM SUNSHINE PROCESSING, INC.

## **DEBIT CORPORATION OF AMERICA**

	290
3475 Sheridan Street; Su 954-981-4447Toll Free 800-468-3213Toll	
Why BROUIlland	1/9/04
Purchaser's Name	/ Date
32650 NW Hay Purchaser's Address	
DES FURMINGTON HIlls	M1 48334
	rate Tip
948 681 5682 Home Phone	Business Phone
Reorder 1 2 3 4 (Circle no. reorder)	
	2
Number of Machines	# 1000=
Purchase Price	4/000
Number of Cards	\$3000=
Total	**************************************
REDROKE Paris & 1000 = Pen 62	Tueld
10 Number 4207	
Locator	PUDate Wine on /9/
Territory Director	PU#
	# of Systems to Ship8
N/C Card Order Written(Date)	Scheduled Ship Date
Entered on Load Ship List	POLLNEY - DAKLAND

## PURCHASE ORDER DEBIT CORPORATION

OF AMIERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 3302		
Phone: (954) 981-4447 • Fax: (954) 981-4421 Toll Free: (800) 468-3213 • Fax: (800) 468-1836	County Vanland	/wayne
Purchaser's Name John Browillor		22-03
Purchaser's Address 32650 NW H	-lwy	
city Formington Hill	S State Mich z	10 48334
Home Phone 248 681-5682	Business Phone 248 62	26-0626
Home Phone 248 681-5682	Cell 248 3	30-8955
	Face Value of Prepaid MasterCard Activation Certificates to ship:	,
Purchase Price Sales Systems	10	000.00
Purchase Price of Additional Items		16
Total	1 🤝	000.00
Sales Tax (FL Residents Only)		VL
Amount Poid	systems) \$ 15	000,00
Special Provisions 11500 per ma Durcheserhas First wo	chine, for purch	aser
fle above county	isht of refuse.	ter
Sending Check #114 t	cr \$ 5000%	
Purchaser acknowledges the receipt of all Disclosure Doc and deposit of funds and that this sale is subject to the	cuments of Seller ten (10) business day ne terms on the reverse of this Purci	s prior to acceptance hase Order.
	ACCEPTED AND APP	ROVED
BV RA	By: Jah & Bell	M
COMPANY OFFICER	BUYER	
AIN # BO2403	I have read and agree to the Conditions on the back of this Pur	